NOTICE OF FORM CHANGE NO. 14-134		DATE		
NOTICE OF FORM CHANGE NO. 14-134			12/12/2014	
			12/12/2014	
To:     County Welfare Director     Supply Clerk / Forms Coordinator     Community Care Licensing District Offic     District Attorney     Private and Public Adoption Agencies     Other	ces	FROM: Forms Managemer	nt Unit	
Listed below is information regarding a form change.	. Only applica	able information is shown.		
This notice updates your California Department of S	Social Service	es (CDSS) County Forms Catalo	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE SOC 2255 (9/14) - In Time Agreement	n-Home Supp	ortive Services (IHSS) Program	Provider Workweek & Travel	
ORDER UNIT	ESTIMATED	PRICE	INITIAL SUPPLY SENT  Yes No	
New Revised 9/14	REPLACES		Obsolete	
REQUIRED FORM-  No Change Permitted Substitute Permitted	NWith Drior D	SS Approval Recommende	d Form	
No Change Permitted			u Foiiii	
Department of Social Services Warehouse				
P.O. Box 980788 West Sacramento, CA 95798-0788		INTERNET:		
		RANET:		
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS				
DISPOSITION OF OLD SUPPLY  Use until exhausted  Destroy				
USE NEW FORM  When supply available in DSS Warehouse Use new form effective				
USE FORM IN ACCORDANCE WITH  All County Letter No. 14-76				
Other (specify)				
ADDITIONAL INFORMATION REGARDING FORM CHANGE				
http://www.cdss.ca.gov/cdssweb/entres/forms/Eng				
http://www.cdss.ca.gov/lettersnotices/EntRes/getir	nto/acl/2014/ <i>*</i>	14-76.pdf		

Camera-ready copies are currently available on the CDSS Internet. Go to http://www.dss.cahwnet.gov/cdssweb/FormsandPu\_271.htm.
Form information on forms not listed in the catalog, you may contact FMU at fmudss@dss.ca.gov.

Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@dss.ca.gov.